

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>mg</i> |        | 9/8/00   |
| O.I.P.E. CLASSIFIER       |           |        | 9/4/00   |
| FORMALITY REVIEW          |           | 71433  | 10/20/00 |
| RESPONSE FORMALITY REVIEW |           |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 1 ✓      | 9/2/00 |
| 2 ✓      | 9/2/00 |
| 3 ✓      | 9/2/00 |
| 4 ✓      | 9/2/00 |
| 5 ✓      | 9/2/00 |
| 6 ✓      | 9/2/00 |
| 7 ✓      | 9/2/00 |
| 8 ✓      | 9/2/00 |
| 9 ✓      | 9/2/00 |
| 10 ✓     | 9/2/00 |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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